TO:	D: Maine Dept. of Environmental Protection Air Toxics and Emissions Inventory Program		
SUBJ:	Certification of Non-Reporting Status for Facility with Hazardous Air Pollutants		
I,	, certify under penalty of applicable Maine statutes, (your name)		
that	locate (facility name)	ed in:	
	(facility name)	(city or town)	
•	Did not emit to the air any chemical or c 096, Chapter 137, Appendix A;	ompound at or above the threshold listed in 06-	
•	Did not use, process or manufacture any listed in 06-096, Chapter 137, Appendix	chemical or compound at or above the threshold A;	
•		tment works (POTW) any chemical or compound 6, Chapter 137, Appendix A which has a vapor	
•	In the aggregate, did not emit to the air of at or above thresholds listed in 06-096, C	or release to a POTW any chemical or compound Chapter 137, Appendix A.	
Certify	ying the above, I also declare that(fa	is not subject to cility name)	
	issions reporting for Calendar Year 2005 sion Statements."	under Maine law, 06-096 Chapter 137,	
	(signature)	(date)	
	(facility name)	(NEDS ID#)	
Please return this form to:		☐Check this box if you would	
Maine 17 Sta	exics and Emissions Inventory Program Dept. of Environmental Protection te House Station sta, ME 04333-0017	like to remove your facility from the emissions inventory mailing list. (Note: Eliminating future mailings does not eliminate future reporting liability. Facilities should contact DEP should they have a significant change in work processes.)	